

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581827

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
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TOTAL IND.	/						
TOTAL DEP.	12	←	←	←	←	←	←
TOTAL CLAIMS	13	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.		↓	↓	↓	↓	↓	↓
TOTAL CLAIMS		[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]